

AN OPINION



COUNSELING THE ONCOLOGY PATIENT

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ABSTRACT: The clinical pharmacist of today has developed a broad knowledge base in the areas of cancer chemotherapy and the associated ancillary therapies. In spite of this expertise, most are ill-prepared for a face-to-face interaction with the cancer patient. Difficult situations may tempt the pharmacist to avoid contact with the cancer patient and confine his talents to areas in which he feels more comfortable. However, the pharmacist is in a unique situation in that he is accessible, informed, and respected by the patient. Pharmacists must assume the responsibility of ensuring that the cancer patient receives the full benefit of this expertise, which can only be accomplished through appropriate communication skills.

This editorial explores some of the techniques and common pitfalls that await the pharmacist in his day-to-day practice.

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CANCER strikes one of every four Americans. It is a disease of truly epidemic proportions. Yet we pharmacists are generally no better prepared to counsel or interact with cancer victims than is the lay population. A wide variety of continuing education programs are available to pharmacists, ranging from the treatment of hypertension to cost containment for pharmacy administrators. Certain oncology programs are offered that discuss new drugs and treatment modalities for various cancer types, but these offerings rarely prepare us for the difficult task of interacting with the cancer patient face-to-face. This is regrettable. With a disease that has so many personal ramifications, more than the disease should be attended to. This editorial explores ways in

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which pharmacists can expand their roles to be more effective when dealing with cancer patients.

The word cancer has always been one of the most frightening words in the English language. What emotions does this word evoke? Most people admit to some degree of fear, since no one is safe from this threat. Most people have been affected, directly or indirectly, by cancer in their own lives. Some pharmacists who deal only occasionally with cancer patients feel that these patients must be handled specially to avoid uncomfortable face-to-face interactions. It is easy to ignore the ugly realities of the disease. A problem arises when a patient asks: "How long must I take this medication?" or "Will this capsule cure my disease?" The unprepared practitioner might devise an excuse to avoid a possibly painful response.

Pharmacists may find themselves in a unique position regarding the management of cancer patients. The pharmacist is routinely accepted as the health professional with the most comprehensive knowledge of the patient, from the standpoint of drug therapy. Usually, the pharmacist is familiar with the patient's drug regimen, including chemotherapy, antiemetics, analgesics, and other ancillary or maintenance medications. In addition, pharmacists have always been accessible to the patient. The patient who is acquainted with his pharmacist may routinely depend on him for complete and accurate information, along with a friendly and attentive ear. The role of the pharmacist should not be underestimated. For the second year in a row, the Gallup Poll showed pharmacists to be members of the second most highly regarded profession (second only to the clergy); this should reassure all pharmacists of their role in the management of cancer patients. Providing helpful and accurate drug information, either to the patient or to the professional, long has been considered the pharmacist's forte.

Few pharmacists, however, possess the time or expertise to counsel cancer patients on the social aspects of their disease. As professionals, pharmacists should make

it a priority to be aware of support systems available for patient referral. It is unfortunate when supplies and services are available, yet the unaware patient is left to cope with his despair and disease alone. The best way that a pharmacist can help a troubled patient is to refer him to a professional agency that can provide valuable assistance.

The Cancer Information Services (CIS) is a toll-free informational telephone service sponsored by the National Cancer Institute (NCI). Trained persons answer specific questions from the public regarding cancer causes, prevention, detection, diagnosis, and treatment, and will translate into lay language information provided by the physician but not understood by the patient. Information is kept current with updates by the NCI, American Cancer Society (ACS), and appropriate local, regional, and national agencies. Referrals can be made to any recognized community program, including the well-organized programs of the ACS. Examples of ACS-sponsored programs include "I Can Cope," which provides the patient and family with educational support. Another is "Reach to Recovery" for mastectomy patients, which has helped countless women return to a normal life. These and other valuable programs are available to patients and their families by referral from the CIS. The phone number (from most locations) is 1-800-4-CANCER. Depending on the area code of the caller, the call will be directed automatically to the CIS office in their area. There are 21 CIS offices in the U.S., most in major academic centers.

Caring for cancer patients carries with it a certain helplessness that must be dealt with if we are to be effective in our roles. We are taught that a cure is the end result of an effective treatment regimen. However, in this patient population, cure often is not possible. Professionals dealing with the cancer patient often require support groups themselves to maintain a healthy perspective.

It may be inevitable, when dealing with a significant number of cancer patients in our practice, or when becoming involved with a stricken family member, that we will become part of someone's support system. To be effective in this role, the pharmacist needs to understand not only the disease, but also the patient's fears. A poll of Californians in 1981 indicated they were more afraid of cancer than any other danger in the world, including violent crime and nuclear war. Cancer generally is perceived as a fatal disease, one beyond our ability to control. Before anyone can deal effectively with a dying person, he must understand, at least superficially, what is foremost in the patient's mind. This certainly is difficult, since it may require that we see ourselves in the patient's position. It may be easier to deny our vulnerability and maintain an aloof "professional" attitude, but such empathy is necessary if we are to gain some understanding of the social/emotional aspects of cancer.

Treatment regimens for different types of cancer are continually undergoing revision with respect to drugs used, duration of therapy, and adjunctive therapy. It is nearly impossible for most clinicians to keep up-to-date with the advances in treatment protocols unless their specialty is oncology. A basic understanding of the

mechanisms and uses of chemotherapeutic agents and ancillary therapies is essential for pharmacists to contribute significantly to the care programs of patients. If our contact with the cancer patient is minimal, we should know pertinent information so we can relate to the patient effectively, such as offering suggestions to help decrease the patient's discomfort with annoying side effects. In addition, patients need reassurance that each person responds differently to chemotherapy. While certain side effects are inevitable and can be anticipated with some certainty, others show wide variations in incidence. Pharmacists can help the patient become an active participant in his own therapy by informing him of contraindications and side effects to chemotherapy.

Whenever we provide information to cancer patients, we must remember that each patient is an individual; we owe him our best efforts and our honesty. Non-verbal behavior of the pharmacist should be consistent with verbal expressions of empathy, interest, and concern. Direct eye contact is important and a reassuring pat on the shoulder can put a nervous patient at ease. A few extra minutes spent with the patient can be of immeasurable value to his sense of well-being.

It is always desirable to have a family member or friend present when you counsel the patient. Many patients hear selectively—they may filter out information they need to hear—and this interested person can be essential in ensuring optimum patient compliance. If there is any doubt as to the patient's understanding, ask the patient (or a family member) to repeat the instructions. Provide written information, or urge that your instructions be written for future reference.

The patient should remain the focus of attention. Occasionally, a family member monopolizes the conversation and speaks as though the patient is not present. Such a situation must be handled delicately so that the patient's active participation is encouraged, yet the family is not alienated.

It is a pharmacist's responsibility to respond to a patient's request for information with a complete and factual answer. To fail in this regard only heightens the patient's anxiety. It is difficult to fulfill this obligation since we may encounter a wide range of emotions in a patient who has been informed of his diagnosis, and possibly, his chances of survival. It is very unusual today for a physician to not inform his patient of a cancer diagnosis. There will be many times when delivering more information to the patient about his condition may prove extremely difficult. There is no right or wrong way to present information. We all have to develop a style with which we are comfortable and which suits the patient. One must use professional judgment to decide how to help patients cope with their problems.

As we dispense these potent medications, we should be able to offer more than a prescription vial. We should try to give more of ourselves. \approx

"Anyone who does not believe in miracles is not a realist."—David Ben Gurion